

DO NOT STAPLE ANY ITEMS TO THE RETURN.

82F Check box 82F if filing under extension OR FISCAL YEAR BEGINNING 2023 AND ENDING 66F

Your First Name and Middle Initial ANUSHREE Last Name MONDAL Your Social Security Number 133 27 7910 Spouse's First Name and Middle Initial (if box 4 or 6 checked) Last Name Spouse's Social Security No.

Current Home Address - number and street, rural route Apt. No. Daytime Phone (with area code) 1701 E 8TH ST 257 94 City, Town or Post Office State ZIP Code Last Names Used in Last Four Prior Year(s) (if different) TEMPE AZ 85281 97

FILING STATUS: 4 Married filing joint return 4a Injured Spouse Protection of Joint Overpayment 5 Head of household. Enter name of qualifying child or dependent on next line. 6 Married filing separate return. Enter spouse's name and Social Security Number above. 7 Single. EXEMPTIONS: 8 Age 65 or over (you and/or spouse) 9 Blind (you and/or spouse) 10a Dependents: Under age of 17. 10b Dependents: Age 17 and over. 11a Qualifying parents and grandparents. 81 PM 80 RCVD

Table for Dependents (Box 10a and 10b) with columns: (a) FIRST AND LAST NAME, (b) SOCIAL SECURITY NUMBER, (c) RELATIONSHIP, (d) NO. OF MONTHS LIVED IN YOUR HOME IN 2023, (e) IF AGE 65 OR OVER, (f) IF DIED IN 2023.

Table for Qualifying Parents and Grandparents (Box 11a) with columns: (a) FIRST AND LAST NAME, (b) SOCIAL SECURITY NUMBER, (c) RELATIONSHIP, (d) NO. OF MONTHS LIVED IN YOUR HOME IN 2023, (e) IF AGE 65 OR OVER, (f) IF DIED IN 2023.

Main tax calculation table with rows 12-35. Includes Federal adjusted gross income, Small Business Income, Modified federal adjusted gross income, Non-Arizona municipal interest, Partnership Income adjustment, Total federal depreciation, Other Additions to Income, Subtotal, Total net capital gain or (loss), Net capital gain derived from investment in qualified small business, Recalculated Arizona depreciation, Partnership Income adjustment, Interest on U.S. obligations, Exclusion for federal, Arizona state or local government pensions, Exclusion for benefits, annuities and pensions for retired/retainer pay, U.S. Social Security or Railroad Retirement Act benefits, Certain wages of American Indians, Pay received for active service, Net operating loss adjustment, Contributions to 529 College Savings Plans and ABLA accounts, Subtract lines 24 through 34c from line 19.

Place any required federal and AZ schedules or other documents after Form 140.

Your Name (as shown on page 1) ANUSHREE MONDAL Your Social Security Number 133-27-7910

Exemptions	36	Other Subtractions from Income. Complete <i>Other Subtraction from Arizona Gross Income</i> schedule on page 6.....	36		00	
	37	Subtract line 36 from line 35. Enter the difference .....	37	7,455	00	
	38	Age 65 or over: Multiply the number in box 8 by \$2,100.....	38		00	
	39	Blind: Multiply the number in box 9 by \$1,500 .....	39		00	
	40	Other Exemptions. See instructions.....40E <input type="checkbox"/> Multiply the number in box 40E by \$2,300.....	40		00	
Balance of Tax	41	Qualifying parents and grandparents: Multiply the number in box 11a by \$10,000.....	41		00	
	42	<b>Arizona adjusted gross income:</b> Subtract lines 38 through 41 from line 37. If less than zero, enter "0".....	42	7,455	00	
	43	<b>Deductions: Check box and enter amount.</b> See instructions ..... 43I <input type="checkbox"/> ITEMIZED..43S <input checked="" type="checkbox"/> STANDARD	43	13,850	00	
	44	If you checked box 43S and claim charitable contributions, check 44C <input type="checkbox"/> Complete page 3. See instructions.....	44		00	
	45	Arizona taxable income: Subtract lines 43 and 44 from line 42. If less than zero, enter "0".....	45	0	00	
	46	Tax: Multiply line 45 by 2.5% (.025). Enter the result.....	46	0	00	
	47	Tax from recapture of credits from Arizona Form 301, Part 2, line 31 .....	47		00	
	48	Subtotal of tax: Add lines 46 and 47. Enter the total .....	48	0	00	
	49	Dependent Tax Credit. See instructions .....	49		00	
	50	Family income tax credit (from the worksheet - see instructions).....	50	40	00	
Total Payments and Refundable Credits	51	Nonrefundable Credits from Arizona Form 301, Part 2, line 62.....	51		00	
	52	<b>Balance of tax:</b> Subtract lines 49, 50 and 51 from line 48. If the sum of lines 49, 50 and 51 is greater than line 48, enter "0" .....	52	0	00	
	53	2023 AZ income tax withheld.....	53	150	00	
	54	2023 AZ estimated tax payments..54a <input type="checkbox"/> 00 Claim of Right 54b <input type="checkbox"/> 00 Add 54a and 54b..	54c		00	
	55	2023 AZ extension payment (Form 204) .....	55		00	
	56	Increased Excise Tax Credit (from the worksheet - see instructions) .....	56	25	00	
	57	Property Tax Credit from Arizona Form 140PTC .....	57		00	
	58	Other refundable credits: Check the box(es) and enter the total amount.....581 <input type="checkbox"/> 308-I 582 <input type="checkbox"/> 334 583 <input type="checkbox"/> 349	58		00	
	59	<b>Total payments and refundable credits:</b> Add lines 53 through 58. Enter the total.....	59	175	00	
	60	<b>TAX DUE:</b> If line 52 is larger than line 59, subtract line 59 from line 52. Enter amount of tax due. Skip lines 61, 62 and 63.....	60		00	
Tax Due or Overpayment	61	<b>OVERPAYMENT:</b> If line 59 is larger than line 52, subtract line 52 from line 59. Enter amount of overpayment.....	61	175	00	
	62	Amount of line 61 to be applied to 2024 estimated tax.....	62		00	
	63	<b>Balance of overpayment:</b> Subtract line 62 from line 61. Enter the difference .....	63	175	00	
Voluntary Gifts	<b>64 - 74 Voluntary Gifts to:</b>					
		Solutions Teams Assigned to Schools.....	64	00	00	
		Arizona Wildlife.....	65	00	00	
	Child Abuse Prevention .....	66	00	Domestic Violence Services.....	67	00
	Neighbors Helping Neighbors.....	69	00	Political Gift.....	68	00
	I Didn't Pay Enough Fund.....	72	00	Special Olympics.....	70	00
		00	00	Veterans' Donations Fund.....	71	00
	00	00	Sustainable State Parks and Road Fund.....	73	00	
	00	00	Spay/Neuter of Animals.....	74	00	
Penalty	75	Political Party (if amount is entered on line 68 - check only one): 751 <input type="checkbox"/> Democratic 752 <input type="checkbox"/> Libertarian 753 <input type="checkbox"/> Republican	75		00	
	76	Estimated payment penalty .....	76		00	
	77	771 <input type="checkbox"/> Annualized/Other 772 <input type="checkbox"/> Farmer or Fisherman 773 <input type="checkbox"/> Form 221 included	77		00	
Refund or Amount Owed	78	Add lines 64 through 74 and 76; enter the total.....	78		00	
	79	<b>REFUND:</b> Subtract line 78 from line 63. If less than zero, enter amount owed on line 80 .....	79	175	00	
<b>Direct Deposit of Refund: Check box 79A</b> if your deposit will be ultimately placed in a <b>foreign account</b> ; see instructions. 79A <input type="checkbox"/>						
<input checked="" type="checkbox"/> C <input checked="" type="checkbox"/> Checking or <input type="checkbox"/> S <input type="checkbox"/> Savings ROUTING NUMBER: 1 2 2 1 0 0 0 2 4 ACCOUNT NUMBER: 5 5 2 7 3 8 6 9 5						
80	<b>AMOUNT OWED:</b> Add lines 60 and 78. Make check payable to Arizona Department of Revenue; write your SSN on payment; and include with your return.....	80		00		

Under penalties of perjury, I declare that I have read this return and any documents with it, and to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

**PLEASE SIGN HERE**

YOUR SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_ WALMART ASSOCIATE  
OCCUPATION: \_\_\_\_\_

SPOUSE'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_ SPOUSE'S OCCUPATION: \_\_\_\_\_

PAID PREPARER'S SIGNATURE: SYAM PRIYA RAM SAGAR GUPTA DATE: 03272024 FIRM'S NAME (PREPARER'S IF SELF-EMPLOYED): GLOBAL TAXES LLC

PAID PREPARER'S STREET ADDRESS: 245 ROONEY CT PAID PREPARER'S TIN: P02082703

PAID PREPARER'S CITY: E BRUNSWICK NJ 08816 STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ PAID PREPARER'S PHONE NUMBER: (678) 965-9522